Name	

Date	
Date	
Duce	

Things I Would Like To See in My Transition Plan

Put a 🗸 in the column that shows your preference for areas to be included in your transition plan.

		I would like to consider this.	No way!	I need more information.
Recreation	Independent sports, activities			
	City/county operated activities			
	Church activities			
	Activities with my friends			
	Activities with my family			

		I would like to consider this.	No way!	l need more information.
Employment	Independent employment			
	Area of interest			
	Job coach			
	Work crew			
	Help finding a job			

		I would like to consider this.	No way!	I need more information.
nts	Living on my own			
Jemei	Continue living with my parents			*
Living Arrangements	Group home			
	Supervised apartment			
Livi	Roommate			

		I would like to consider this.	No way!	I need more information.
	Using banks, credit unions			
nity	Using bus system			
Community Participation	Driving			
	Buying what I need			
	Getting medical attention			

		l would like to consider this.	No way!	I need more information.
-	Technical training			
choc	Community college			
ligh S ainin	University			
Post High School Training	Other training			
	Military			